

Date Received: _____

Staff Initials: _____

COMMUNITY DEVELOPMENT

BUILDING SERVICES DEPARTMENT

PHONE: (770) 429-4554 FAX: (770) 429-4548

2529 J.O. Stephenson Avenue, Kennesaw, GA 30144

LOW VOLTAGE PERMIT APPLICATION

Master Permit # (if Applicable) _____

CUSTOMERS NAME:

JOB LOCATION:

Street Name/number0

LOT/SUBDIVISION: _____

POWER COMPANY: EMC ☐ GAPWR ☐ OTHER ☐

CONTRACTOR (business) NAME: _____ EMAIL: _____

ADDRESS:

PHONE:	STATE	BUSINESS
	CARD:	LICENSE #:

APPLICANT SIGNATURE: _____

[illegible]

PERMITS ARE: NON-TRANSFERABLE & NON-REFUNDABLE
RE-INSPECTIONS = \$25 INCREMENTS

Revised March 2017